


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001467	
1. Entity Name RED STORAGE, INC.	

Principal Place of Business 1366 MALABAR ROAD SE PALM BAY, FL 32907	Mailing Address 420 ROSS AVENUE MELBOURNE BEACH, FL 32951
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07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1357399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK ESQ. FRESE, NASH & HANSEN, P.A. 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC VOLDNESS, JEROME 420 ROSS AVENUE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOLDNESS, NATHAN R 420 ROSS AVENUE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOLDNESS, ANN 420 ROSS AVENUE MELBOURNE BEACH, FL 32951
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08/23/07-80002-013 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN VOLDNESS Ann Voldness 8-20-07 321-951-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #